



**Clear Creek**  
Communications

Received & Inspected

JUL 10 2014

FCC Mail Room

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Oregon City, OR 97045-9696  
Phone: 503.631.2101  
Fax: 503.631.2098  
[www.ccmtc.com](http://www.ccmtc.com)

**REDACTED-FOR PUBLIC INSPECTION**

June 30, 2014

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

RE: Confidential Financial Information Subject to Protective Order in WC  
Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN  
Docket No. 09-51, WT Docket No. 10-208, Before the Federal  
Communications Commission

Dear Ms. Dortch:

Clear Creek Mutual Telephone Company (CCMTC), a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422.

As specified in the Protective Order, issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

Mitchell Moore, President  
Clear Creek Mutual Telephone Company

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
Oregon Public Utility Commission

No. of Copies rec'd 0+1  
List ABCDE

<010> Study Area Code	532363	Received & Inspected JUL 10 2014
<015> Study Area Name	CLEAR CREEK MUTUAL	
<020> Program Year	2015	
<030> Contact Name: Person USAC should contact with questions about this data	Sharon Adams	FCC Mail Room
<035> Contact Telephone Number: Number of the person identified in data line <030>	5036312101 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	sadams@clearcreek.coop	

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 532363or510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 532363or610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 532363or1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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<015>	Study Area Name	CLEAR CREEK MUTUAL
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop

[illegible]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	sadams@clearcreek.coop
<810>	Reporting Carrier	Clear Creek Mutual Telephone Company
<811>	Holding Company	
<812>	Operating Company	

<813>

[illegible]





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<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐



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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) ☒ Yes ☒ No  
(3014) If yes, does your company file the RUS annual report (Yes/No) ☒ Yes ☒ No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited? (Yes/No) ☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒  
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐  
(3023) Underlying information subjected to a review by an independent certified public accountant ☐  
(3024) Underlying information subjected to an officer certification. ☐  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

532363or3026 .pdf

Name of Attached Document Listing Required Information



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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CLEAR CREEK MUTUAL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2014
Printed name of Authorized Officer: Mitchell Moore	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 5036312101 ext.	
Study Area Code of Reporting Carrier: 532363	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

Response Line 112  
CLEAR CREEK MUTUAL TELEPHONE COMPANY  
532363

Initial Five Year Service Quality Improvement Plan

**REDACTED –FOR PUBLIC INSPECTION**

**ATTACHMENT REDACTED IN ENTIRETY**

**(4 pages)**

Response Line 510

CLEAR CREEK MUTUAL TELEPHONE COMPANY

532363

Service Quality Standards & Consumer Protection Rules Compliance:

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) CLEAR CREEK MUTUAL TELEPHONE COMPANY is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. CLEAR CREEK MUTUAL TELEPHONE COMPANY provides CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. CLEAR CREEK MUTUAL TELEPHONE COMPANY also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. In addition CLEAR CREEK MUTUAL TELEPHONE COMPANY trains staff on Red Flag issues on an annual basis. All Clear Creek Mutual Telephone Company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules.

CLEAR CREEK MUTUAL TELEPHONE COMPANY also outlines its rates, terms, and conditions under which CLEAR CREEK MUTUAL TELEPHONE COMPANY offers service in its Local Exchange Tariff. The tariff explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. CLEAR CREEK MUTUAL TELEPHONE COMPANY keeps its tariffs available for public inspection at its business offices.



Response Line 610  
CLEAR CREEK MUTUAL TELEPHONE COMPANY  
532363

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) CLEAR CREEK MUTUAL TELEPHONE COMPANY meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to CLEAR CREEK MUTUAL TELEPHONE COMPANY'S central office by use of a fixed generator and batteries that provide it with 36 hours of emergency power. In addition, CLEAR CREEK MUTUAL TELEPHONE COMPANY 's field electronics have 8 hours of back-up power by use of mobile generators and batteries. CLEAR CREEK MUTUAL TELEPHONE COMPANY also has SONET technology deployed in its core fiber optic network that is self-healing and will automatically reroute traffic should a fiber cut occur. In addition CLEAR CREEK MUTUAL TELEPHONE COMPANY has connectivity to the neighboring exchanges of Beavercreek, Canby, C and Reliance Connects to exchange traffic and also has connectivity to the LATA Tandem which further provides capabilities of handling traffic. Lastly, CLEAR CREEK MUTUAL TELEPHONE COMPANY is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

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[illegible]

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Response Line 1010  
CLEAR CREEK MUTUAL TELEPHONE COMPANY  
532363

#### Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Clear Creek Mutual Telephone Company, ("Clear Creek") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice services of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Clear Creek's current total local end-user rates<sup>1</sup> of \$29.70 (which includes a local fee of \$18.89, state USF fee of \$2.33 and mandatory extended area service charges of \$8.48) and \$22.08 (which includes a local fee of \$18.89, state USF fees of \$1.73 and mandatory extended area service charges of \$1.46) are not above the standard deviation as specified in the USF/ICC Transformation Order.<sup>2</sup>

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<sup>1</sup> Local End Use Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

<sup>2</sup> USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."



Response Line 1210  
CLEAR CREEK MUTUAL TELEPHONE COMPANY  
532363

Terms and Conditions of Voice Telephony Lifeline Plans:

The Oregon Telephone Assistance Program (OTAP) is available for qualifying customers of Clear Creek Mutual Telephone Company, (the "Company"). OTAP assistance reduces the cost of monthly local telephone service. Eligible consumers can receive up to \$12.75 per month in discounts. The OTAP program is administered by the Oregon Public Utilities Commission.

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, Lifeline subscribers have an unlimited number of local calling minutes. As for toll, Lifeline subscribers, similar to every Clear Creek subscriber, are free to choose their own toll usage plans through IXC's that serve the Company.

<http://www.puc.state.or.us/Pages/rspf/otap.aspx>

Response Line 3026  
CLEAR CREEK MUTUAL TELEPHONE COMPANY  
532363

RATE OF RETURN DATA

**REDACTED -FOR PUBLIC INSPECTION**

**ATTACHMENT REDACTED IN ENTIRETY**

**(6 pages)**